



King County

Regional Human Services Levy Oversight Board

Veterans Citizen Levy Oversight Board

Department of Community and Human Services

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Final (7/15/09)

Regional Human Services Levy Oversight Board (RHSLOB)

Meeting Summary

July 15, 2009 2-4 p.m.

Bellevue Regional Library - Bellevue

Call to Order

The meeting was called to order by Co-Chair Joe Ingram at 2:10 p.m.

Roll Call

A quorum was present.

Board Members Present: Kathy Brasch, Joe Ingram, Edith Nelson, Katherine Hadaller, Kevin Bernadt, Loran Lichty

County Staff Present: Linda Peterson (DCHS), Deborah Gay, (DCHS), George Dignan, (DCHS), Marcy Kubbs, (DCHS), Sonia Singh, (DCHS), Dorothy Teeter, Public Health – Seattle & King County (PHSKC), Rachel Quinn (PHSKC)

Guests: Doug Hoople, Veterans Citizen Levy Oversight Board (VCLOB);

Loran Lichty was recently appointed to the board and was welcomed by fellow members.

Review of Meeting Summary

The draft March and May meeting summaries were reviewed.

ACTION: The March and May meeting summaries were approved.

Board Elections

Kathy Brasch and Joe Ingram were nominated to serve as Co-Chairs of the Regional Human Services Levy Oversight Board.

ACTION: The Board Members elected Brasch and Ingram as Co-Chairs.

Presentation of Procurement Plan 5.8

An Overview of Procurement Plan 5.8 and a PowerPoint (PP) presentation were provided by Dorothy Teeter from Public Health – Seattle and King County. Highlights included:

- Levy funds would pay for a portion of the planning activities for the development of a Health Information Exchange (HIE) for King County. HIE is an electronic system for exchanging personal level health information between diverse organizations and people/patients for health care management, treatment, and data collection purposes. These electronic systems have been developed in other locales nationally.
- The health information exchange would benefit all safety net populations, those interacting with the health system, and healthcare organizations. Dorothy Teeter indicated those who will benefit are the populations identified in the Service Improvement Plan including low income, homeless or at risk veterans and nonveteran adults, children and families including those interacting with behavioral and mental health, and jail services. From the perspective of health care organizations, the benefits include better coordinated healthcare and subsequent reduction in operating costs. The idea of developing an HEI grew out of discussions via the United Way of King County Health Impact Council. In October 2007, the council sponsored a “Shared Information” forum; in the late summer of 2008 a “key leadership” group reconvened, and began to call the work the “Partnership for Health Improvement Through Shared Information” or PHISI. Thus far, in-kind donations are being used to support PHISI.
- The funding request is for \$480,000 of Levy funds of which— \$140,000 would be applied towards accelerating Phase I activities and the remaining \$340,000 towards Phase II activities. Part of the vision includes establishing a third party/neutral non-profit to keep the Governing Board apprised of project status and development. Phase I activities include further developing/establishing legal and governance structures, continuing to identify and convene stakeholders, developing a vision, business and financial plan, business requirements, identifying potential funding sources (i.e. private sector partners, federal stimulus dollars, grants).
- Specifically, Levy dollars in Phase I would be applied 1) “to staff and support a Governing Board and two subgroups – a IT- Technical Group and a Client/Service provider user group”; 2) to “sub-contract with a IT/Health systems business consultant to develop project charter, procurement strategy and business and high level functional requirements.” Procurement strategy; and 3) to subcontract with a Quality Assurance consultant to act as third party (potentially a non-profit). Phase II funding requests are to implement the activities and strategies defined in the product provided by the business consultant hired in Phase I.
- HIPAA policies apply to HEI and initial PHISI subcommittees have formed, including a HIPAA Standards Committee consisting of legal and professional staff to develop and monitor healthcare patient confidentiality, release of information, security standards, protocols, privacy laws and policies.

The RHSLOB members had a number of questions regarding the plan. These included the following:

Q. Are there any incentives built in for patients or organizations to participate? Does HEI have the potential for “tagging” and excluding or discouraging care?

- A. Based on trends in other localities utilizing health information exchanges, healthcare agencies want to participate as improved sharing of medical information will help avoid duplicating testing, potential overlapping or mixed prescriptions, improve follow-up with patients, and reduce costs.
- A. Patient benefits as they can access their healthcare information online, receive reminders on appointments and better coordinated care.

Q. Will patients be excluded from receiving care if they choose not to participate in HEI? Is there software currently available to support a health information exchange and is it widely used or are there multiple systems that may not be compatible with one another? Have you identified software you want to purchase?

- A. The HEI will not be used to exclude patients from care, but improve the care provided. Policies on patient confidentiality and practice will be an important component to safeguard against compromising or restricting care.
- A. Over the last 5 years considerable strides have been made in technology. Developing an information exchange is a very specialized skill set, hence a consultant will be integral to addressing design and capacity questions. There is software currently available that has been looked at for the project.
- A. The state is interested in developing a health information exchange system and that potentially provides incentive as does stimulus dollars directed towards healthcare reform. The VA has invested in and currently has a complex system for facilitating patient and healthcare information and they are one of the active partners participating in PHISI – there input and experience will be an important contribution.

Q. Are larger hospitals and agencies located primarily in the City of Seattle participating in the partnership, or has there been outreach to smaller agencies and clinics across the county, such as southern areas of the county, including Renton, Kent, Auburn, etc. ? Will the project be seeking funding support from local cities?

- A. PHISI hopes to reach out to additional partners as the project develops, particularly in Phase I planning. Dorothy acknowledged the value of reaching out to all areas within the county to include smaller clinics and seek local city funding. Funding strategies will be a part of the development process identified in Phase I.

Review of Procurement Plan 2.8(b)

An Overview of Procurement Plan 2.8(b) and was provided by George Dignan of the King County Work Training program. Highlights of the overview included:

- This plan is part of the Levy activity designed to “link educational, vocational and employment opportunities to housing and supportive services” under Levy Strategy 2, Ending Homelessness.
- In January of 2008, a procurement plan for Activity 2.8 was initially reviewed by the Veterans and Human Services Levy Boards. At that time, a proposal was made to set aside \$700,000 for use for interventions that align with the goals of the Workforce

Education Collaborative and the SkillUp Washington initiative. SkillUp Washington aims to assist low income workers in obtaining post-secondary credentials in order to develop a career pathway that allows greater earning potential and economic self sufficiency. This procurement plan was developed in response, using the \$700,000 for “Project Self-Sufficiency for Families”. It will integrate intensive employment case management services with Rapid Re-Housing service for homeless or formerly homeless families to shift their work earnings to a level where they can afford permanent housing.

- King County Work Training Program and case managers will coordinate with a variety of partners including Housing and Community Development (HUD) contractors, Solid Ground, and Family Services, for Rapid-Re-Housing. Memorandums of Agreement will spell out specific roles and responsibilities of each partner organization. Sources for supportive services will include the SkillUP Washington attainment fund and others. King County WorkSource Centers retain clients for one year following job placement to assure that earnings are sufficient for families to afford permanent housing. The Workforce Education Collaborative has established a program for working adults and funded five pilot projects at community and technical colleges, beginning in fall 2009. The pilots compress schedules and make it easier for working adults to obtain educational credentials in one year.
- Levy funds would support 3 King County Work Training case managers. Each case manager will serve 25 homeless clients at any given time with 100 clients served over the life of the project. The project is designed to provide customized services to meet individual client needs and goals and flexibility to adapt to the changing needs of clients over time, as they progress on their career plan and address barriers. Forty slots are allocated for homeless families, that are assess as being “low need” (i.e., those families that can immediately be moved into housing for 12-18 months, and are ready to participate in intensive employment and training services). Twenty slots are allocated for “high need” homeless families (i.e. barriers may include substance abuse, and other factors that must be addressed in addition to receiving housing, employment and training services). Section 8 housing vouchers allow for 24 months of housing assistance. Lastly, an additional 40 single homeless persons will receive combined intensive housing and employment case management services. Twenty slots will be reserved for veterans falling into “high or low need” assessments. Barriers and services specific to veterans will be incorporated as a part of wrap around support services.

The RHSLOB members had a number of questions regarding the plan. These included the following:

Q. What is the geographic range of the project/what areas will you outreach to? Will community and technical colleges participate in the project? How will you choose the 100 proposed to serve? Is there mechanism for assisting those who are not documented as homeless but are homeless? The homeless shelters are predominantly located in Seattle, so how will you reach out to those outside of Seattle? What happens if a potential client is in transitional housing or has the housing piece in place, but needs employment services? Will the 100 clients served be steered towards high demand job areas?

A. WorkSource centers are geographically spread throughout the county and this is a tool to conduct outreach if needed to additional areas. It is conceivable that the majority of housing may be available in Seattle however.

A. All community and technical colleges would be eligible to participate.

A. If a client does not require housing assistance, and only training or employment services, there are mechanisms to get them connected with training and employment services. This particular project is an experiment to link housing, training and career pathways that will allow for sustained self sufficiency.

A. High demand job areas often involve educational prerequisites and basic skills education may be a barrier to enrolling in particular programs from the onset. The project is committed to finding career pathways that will move people to economic self sufficiency. People can continue to receive training and employment services well beyond the housing piece ends or alternatively case managers will work to identify goals expressed by clients that may extend beyond the 12 to 18 months of assistance proposed and find identify additional support services and programs as appropriate.

Co-Chair's Report

- None

King County Staff Report:

Marcy Kubbs presented the following information:

- The 1st Quarter Levy report and the 2008 Levy Annual Report were sent to King County Council on June 1st. The final report will go to the printers soon. Member's Kathy Brash and Kathy Lewis commented they liked the layout of the report and that personal stories were featured.
- Marcy provided a brief on her research of two evidence-based models being implemented by the Levy: Activity 4.1, Nurse Family Partnership (NFP) program and Activity 3.4, the Program to Encourage Active Rewarding Lives for Seniors (PEARLS). Among the findings she reported were the following:
 - Nurse Family Partnership: Cost-Benefit Analysis studies have demonstrated the value of this model in preventing child abuse and neglect, reducing crime and medical costs and contributing to higher wages being earned by mothers involved in the program. Studies have calculated potential long-terms benefit of \$18,054 per participant. The Levy –funded NFP served 533 mothers in 2008,
 - Program to Encourage Active Rewarding Lives for Seniors: According to briefs from Center for Disease Control and the National Association of Chronic Disease Directors, older adults are disproportionately affected by depression. Studies show older adults experiencing mild depression who received the evidence-based PEARLS intervention experienced a 50% reduction in depressive symptoms and 36% achieved complete remission of symptoms.

Old Business:

- None

New Business:

A board member inquired whether staff could upload calendars to the levy website three months in advance. This may be possible once Sonia Singh is trained on uploading items to the website.

Petitions/Communications (public comment):

- None

Adjournment:

The meeting adjourned at 3:45pm.